



# COVID-19 Vaccination Billing Resources for Local Health Departments

October 20, 2021

## Cost

How much will the vaccines cost?

There is no cost. They are free to everyone, even if you do not have health insurance. The federal government is covering the cost.

**Source:** <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/no-cost.html>

"All providers must vaccinate individuals regardless of whether they have health insurance coverage or what type of coverage they have and are prohibited from balance billing or otherwise charging vaccine recipients."

**Source:** <https://www.medicaid.gov/state-resource-center/downloads/covid-19-vaccine-toolkit.pdf>

## Coding

"The American Medical Association (AMA) published an update to the Current Procedural Terminology (CPT®) code set that includes new vaccine-specific codes to report immunizations for the novel coronavirus (SARS-CoV-2, COVID-19).

This level of specificity offers the ability to track each vaccine dose, even when the vaccine product is not reported (e.g., when the vaccine may be given to the patient for free). These CPT codes report the actual work of administering the vaccine, in addition to all necessary counseling provided to patients or caregivers and updating the electronic record."

### Pfizer-BioNTech COVID-19 Vaccine

**91300:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use.

**0001A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; **first dose**.

**0002A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; **second dose**.

**0003A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; **third dose**.

### Pfizer-BioNTech COVID-19 Booster

**91300:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use; **booster vaccine**.

**0004A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; **booster dose**.

### Moderna COVID-19 Vaccine

**91301:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use.

**0011A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose.

**0012A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; **second dose**.

**0013A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; **third dose**.

### Moderna COVID-19 Booster

**91306:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use, **booster vaccine**

**0064A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, **booster dose**.

### Janssen COVID-19 Vaccine

**91303:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage, for intramuscular use.

**0031A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage, single dose.

**Source:** American Medical Association

<https://www.ama-assn.org/system/files/2020-11/covid-19-immunizations-appendix-q-table.pdf>

<https://www.ama-assn.org/press-center/press-releases/ama-announces-update-covid-19-vaccine-cpt-codes>

<https://www.ama-assn.org/practice-management/cpt/new-cpt-codes-coronavirus-vaccines-what-you-need-know>

<https://www.ama-assn.org/press-center/press-releases/ama-announces-update-covid-19-vaccine-cpt-codes-2>

## Program Assignment

Program Assignment for COVID-19 vaccination

- Assign to the program that is providing the COVID-19 vaccination.
- If a patient is seen only for COVID-19 vaccination, then code as Immunization (IM). When a COVID-19 vaccination is given as part of a clinic service, for example a patient presents to Family Planning Clinic and receives COVID-19 vaccination, assign the program of the clinic where the patient presented.

## Billing

“Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. However, vaccination providers may be able to charge administration fees for giving the shot. Vaccination providers can get this fee reimbursed by the patient’s public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration’s Provider Relief Fund (HRSA).”

**Source:** CDC, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/8-things.html>

It is recommended to review your private insurance’s resources for specific billing guidance pertinent to that insurance.

Make sure you enter the CPT Codes for the vaccine and the administration fee into your billing system and the COVID-19 Vaccine Management System (CVMS).

The below table provides a summary of the billing codes for the payers specified in this document. For additional details, please refer to the resources of this document.

Summary COVID-19 Vaccine Administration Billing for Local Health Departments				
Payers	CPT Codes	National Drug Classification	Reimbursement	Details
NC Medicaid; Medicare; HRSA	91300 – Pfizer COVID-19 vaccine	59267-1000-01 59267-1000-02 59267-1000-03	N/A	No reimbursement for the actual COVID-19 vaccine
NC Medicaid; Medicare; HRSA	0001A – Admin of Pfizer COVID-19 vaccine, 1 <sup>st</sup> dose 0002A – Admin of Pfizer COVID-19 vaccine, 2 <sup>nd</sup> dose 0003A – Admin of Pfizer COVID-19 vaccine, 3 <sup>rd</sup> dose 0004A – Admin of Pfizer COVID-19 vaccine, booster	N/A	\$40.00	Effective 03/15/2021 reimbursement for each administration of the COVID-19 vaccine is \$40.00.
NC Medicaid; Medicare; HRSA	91301 – Moderna COVID-19 vaccine	80777-0273-10 80777-0273-99 80777-0273-15 80777-0273-98	N/A	No reimbursement for the actual COVID-19 vaccine
NC Medicaid; Medicare; HRSA	0011A – Admin of Moderna COVID-19 vaccine, 1 <sup>st</sup> dose 0012A – Admin of Moderna COVID-19 vaccine, 2 <sup>nd</sup> dose 0013A – Admin of Moderna COVID-19 vaccine, 3 <sup>rd</sup> dose	N/A	\$40.00	Effective 03/15/2021 reimbursement for each administration of the COVID-19 vaccine is \$40.00.
NC Medicaid; Medicare; HRSA	91303 – Janssen COVID-19 vaccine	59676-0580-15	N/A	No reimbursement for the actual COVID-19 vaccine
NC Medicaid; Medicare; HRSA	0031A – Admin of Janssen COVID-19 vaccine	N/A	\$40.00	Effective 03/15/2021 reimbursement for each administration of the COVID-19 vaccine is \$40.00.
NC Medicaid	99401 – Preventative medicine counseling and/or risk factor reduction intervention (s) provided to an individual, up to 15 minutes	N/A	\$32.94	Effective 06/22/2021 reimbursement of provider (Physician or AAP) vaccine counseling
Medicare	M0201 - Additional payment for administering the COVID-19 vaccine to certain Medicare patients in their homes	N/A	\$35.00	Effective 06/08/2021 reimbursement of additional payment for administering COVID-19 vaccine to certain patients in their homes.
<b>Resources:</b> COVID-19 Special Medicaid Bulletins, <a href="https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers/covid-19-special-medicare-bulletins">https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers/covid-19-special-medicare-bulletins</a> Medicare Billing for COVID-19 Vaccine Shot Administration, <a href="https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration">https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration</a> HRSA, COVID-19 Claims Reimbursement, <a href="https://coviduninsuredclaim.linkhealth.com/billing-codes.html">https://coviduninsuredclaim.linkhealth.com/billing-codes.html</a>				

## NC Medicaid & NC Health Choice COVID-19 Vaccine Administration Billing Guidance

Effective March 15, 2021, NC Medicaid is aligning reimbursement for COVID-19 vaccine administration with the Centers for Medicare & Medicaid Services' (CMS) increased Medicare rate. Medicaid will pay \$40 for the administration of single-dose COVID-19 vaccines. For COVID-19 vaccines requiring multiple doses, Medicaid will pay \$40 for each dose in the series.

For dates of service **through March 14, 2021:**

- Administration of a single-dose COVID-19 vaccine - \$28.39
- Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses - \$16.94
- Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses - \$28.39

For dates of service **on or after March 15, 2021:**

- Administration (per dose) of a COVID-19 vaccine - \$40.00

- The ICD-10-CM diagnosis code required for billing is: Z23 - Encounter for immunization
- Providers must bill 11-digit NDCs
- The NDC units should be reported as "UN1"
  - Pfizer BioNTech COVID-19 Vaccine 0.3mL = 1 unit
  - Moderna COVID-19 Vaccine 0.5mL = 1 unit
  - Janssen COVID-19 Vaccine 0.5mL = 1 unit
- Claims must contain both administration codes and vaccine codes to pay.
- Vaccine codes should be reported as \$0.00.
- Claims for first vaccine dose must have been processed in NCTracks prior to processing a claim for second dose.
- Modifiers
  - TJ modifier should be used for NC Health Choice claims (age 6 through 18 years).
  - EP modifier should be used for all non-NC Health Choice (only Medicaid beneficiaries) younger than 21 years of age.

If you have any questions about product specific information, please contact the Immunization Branch Help Desk at 1-877-873-6247 and press option '6.' If you have any questions about billing NC Medicaid, please call the GDIT Call Center at 1-800-688-6696.

Visit Medicaid's website for these guidelines: <https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>

### SPECIAL BULLETIN COVID-19 #165: Update to Approved Vaccines Covered by NC Medicaid

The American Rescue Plan Act that was recently enacted includes several changes to COVID-19 Medicaid policy. As of March 11, 2021, North Carolina will be covering all approved COVID-19 vaccines for the following limited benefit eligibility groups: COVID-19 testing limited benefit group, Family Planning, and women who qualify due to pregnancy. Vaccine providers may bill Medicaid if it is determined that the beneficiary is in one of these limited eligibility groups.

Claims are now reimbursable even if originally denied for the following reasons:

- Vaccine CPT code and vaccine administration code were not both listed on the claim
- Charges were not added to the vaccine administration code
- Beneficiary received only Family Planning waiver benefits (as of DOS March 11, 2021)
- Second dose of vaccine was billed before the first dose

### SPECIAL BULLETIN COVID-19 #168: Vaccination Counseling Code Reimbursement

Effective June 22, 2021, CPT 99401: *Preventative medicine counseling and/or risk factor reduction intervention (s) provided to an individual, up to 15 minutes* has been added to counsel Medicaid beneficiaries regarding the benefits of receiving the COVID-19 vaccine.

CPT 99401 can be billed at only one visit for each beneficiary per day, but there are not quantity limits for the number of times this education is provided to an individual beneficiary.

Providers must bill CPT 99401 with a CR modifier and there is no requirement for a specific diagnosis code.

Providers are encouraged to counsel Medicaid beneficiaries of any age. Parents or guardians of Medicaid children can be counseled on the benefit of receiving the COVID-19 vaccination even if the parent or guardian is not enrolled in NC Medicaid. The counseling session for the parent or guardian can be billed to the child's Medicaid ID.

This service can be provided by MD/DO, NP, PA, CNM and if provided at LHD, FQHC or RHC will be reimbursed outside of the PPS rate.

### **SPECIAL BULLETIN COVID-19 #176: Third COVID-19 Vaccine Available**

On August 12, 2021, the FDA modified the Emergency Use Authorizations (EUAs) for [Pfizer-BioNTech](#) COVID-19 vaccine and [Moderna](#) COVID-19 vaccine to allow for administration of an additional dose (e.g., a third dose) of an mRNA COVID-19 vaccine after an initial two-dose primary mRNA COVID-19 vaccine series for certain immunocompromised people (e.g., people who have undergone solid organ transplantation or have been diagnosed with conditions that are considered to have an equivalent level of immunocompromise). The age groups authorized to receive the additional dose are unchanged from those authorized to receive the primary vaccination series:

- Pfizer-BioNTech: ages ≥12 years
- Moderna: ages ≥18 years

The authorizations for these vaccines have been amended to allow for an additional, or third, dose to be administered at least 28 days following the two-dose regimen of the same vaccine to individuals who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise. More information can be found [here](#).

NC Medicaid vaccine providers may begin administering an additional dose of mRNA COVID-19 vaccine to people with moderate to severely compromised immune systems after an initial two-dose vaccine series.

The additional mRNA COVID-19 vaccine dose should be the same vaccine product as the initial 2-dose mRNA COVID-19 primary vaccine series (Pfizer-BioNTech or Moderna). If the mRNA COVID-19 vaccine product given for the first two doses is not available, the other mRNA COVID-19 vaccine product may be administered. A person should not receive more than three mRNA COVID-19 vaccine doses.

### **SPECIAL BULLETIN COVID-19 #184: Update on Vaccination Counseling Code Reimbursement**

This update provides information extending vaccination counseling coverage date from Sept. 22, 2021 to March 31, 2022.

Effective June 22, 2021, CPT 99401: Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual, up to 15 minutes has been added to counsel Medicaid beneficiaries regarding the benefits of receiving the COVID-19 vaccine.

### **Special Bulletin COVID-19 #186: Booster Dose of Pfizer-BioNTech COVID-19 Vaccine**

On Sept. 24, 2021, the Centers for Disease Control and Prevention (CDC) recommended:

- people 65 years and older and residents in long-term care settings should receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- people aged 50–64 years with underlying medical conditions should receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- people aged 18–49 years with underlying medical conditions may receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks, and
- people aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting may receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.

### **Special Bulletin COVID-19 #192: Vaccination Outreach Code Reimbursement**

Effective Oct. 22, 2021, NC Medicaid-enrolled providers can bill code 99401 with HM modifier for telephone outreach to unvaccinated Medicaid beneficiaries. The goal of the outreach is to educate the beneficiaries on the vaccine and assist them in scheduling an appointment, ideally in the office where the outreach is originated.

We have provided a script with suggested language for outreach, including information on using the MySpot.nc.gov appointment finder and how to request an At-Home vaccination.

- CPT 99401 HM has a limit of one call per beneficiary per day. The code can only be billed for successfully connecting with the beneficiary; hangups or voicemails cannot be billed.
- Medicaid-enrolled providers must bill CPT 99401 HM with a CR modifier to indicate a PHE code.
- There is no requirement for a specific diagnosis code associated with the code.

Providers are encouraged to counsel Medicaid beneficiaries following CDC guidance for qualifying for vaccination. Parents or guardians of Medicaid children can be counseled on the benefit of receiving the COVID-19 vaccination even if the parent or guardian is not enrolled in NC Medicaid. The counseling session (99401) for the parent or guardian can be billed to the child's Medicaid ID, but only one code can be billed per day per ID (see SPECIAL BULLETIN COVID-19 #184 for complete details).

## **SL Modifier**

The SL modifier is pertinent to Medicaid only. The SL modifier signifies that a vaccine has been state supplied. This modifier is used for the extrapolation of data during Medicaid Separated Payments, in which state supplied vaccines that are reported at no charge are then removed from Medicaid Claims Paid Reports.

## **Medicare COVID-19 Vaccine Administration Billing Guidance**

Effective March 15, 2021, CMS has increased the reimbursement rate for COVID-19 vaccine administration to \$40. Medicare will reimburse \$40 for single dose COVID-19 vaccine administration. For COVID-19 vaccines requiring multiple doses, Medicare will pay \$40 for each dose in the series.

For dates of service **through March 14, 2021:**

- Administration of a single-dose COVID-19 vaccine - \$28.39
- Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses - \$16.94
- Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses - \$28.39

For dates of service **on or after March 15, 2021:**

- Administration (per dose) of a COVID-19 vaccine - \$40.00

- You'll be able to bill on single claims for COVID-19 shot administration or submit claims on a roster bill for multiple patients at one time.
- When COVID-19 vaccine doses are provided by the government without charge, only bill for the vaccine administration. Don't include the vaccine codes on the claim when the vaccines are free.
- If you participate in a Medicare Advantage Plan, submit your COVID-19 claims to Original Medicare for all patients enrolled in Medicare Advantage in 2020 and 2021.

## **Administration of COVID-19 Vaccine to Certain Medicare Patients in their Homes**

Effective June 8, 2021, CMS has announced the use of HCPCS Level II code M0201 for the additional payment for administering the COVID-19 vaccine to certain Medicare patients in their homes.

- You should report this code in addition to the appropriate CPT code for the product- and dose-specific COVID-19 vaccine administration
- You can only report the HCPCS Level II code for home vaccine administration once per home per date of service
- If you administer the COVID-19 vaccine to more than 1 Medicare patient in a single home on the same day, you should:
  - Only report the HCPCS Level II code M0201 once
  - Report the appropriate CPT code for the product- and dose-specific COVID-19 vaccine administration for each Medicare patient vaccinated in the home that day

## **Health Resources Services Administration COVID-19 Uninsured Program Coding and Billing for COVID-19 Vaccine Administration**

Effective March 15, 2021, HRSA COVID-19 Uninsured Program's has increased reimbursement of COVID-19 vaccine administration.

For dates of service **through March 14, 2021:**

- Administration of a single-dose COVID-19 vaccine - \$28.39
- Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses - \$16.94
- Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses - \$28.39

For dates of service **on or after March 15, 2021:**

- Administration (per dose) of a COVID-19 vaccine - \$40.00

Claims submitted for the administration of an FDA-licensed or authorized vaccine must be submitted as single line item claims, and must include one of the following codes to be eligible for reimbursement:

- Pfizer: 0001A, 0002A, 0003A, 0004A
- Moderna: 0011A, 0012A, 00013A
- Janssen: 0031A

Please note that only the administration of the vaccine is eligible for reimbursement through the HRSA COVID-19 Uninsured Program.

Visit HRSA's Uninsured Program website for these guidelines: <https://coviduninsuredclaim.linkhealth.com/>

### **Evaluation by Provider related to COVID-19 Vaccination**

A provider that consults a patient, either in-person or telemedicine, for the purpose of evaluation of history and/or examination/assessment for receiving the COVID-19 vaccination may code and bill the appropriate evaluation and management service code for services rendered. The record of these visits must meet documentation standards required for reimbursement of services.

## **Resources**

### **NC Medicaid**

[SPECIAL BULLETIN COVID-19 #147: Moderna COVID-19 Vaccine \(N/A\) HCPCS code 91301: Billing Guidelines](#)

[SPECIAL BULLETIN COVID-19 #148: Pfizer-BioNTech COVID-19 Vaccine \(N/A\) HCPCS Code 91300: Billing Guidelines](#)

[SPECIAL BULLETIN COVID-19 #160: Janssen COVID-19 Vaccine HCPCS Code 91303 and 0031A Billing Guidelines](#)

[SPECIAL BULLETIN COVID-19 #162: Medicaid Rate Increases for COVID-19 Vaccine Administration Codes](#)

[SPECIAL BULLETIN COVID-19 #163: Temporary Provider Rate Increases and Clinical Policy Changes Extended](#)

[SPECIAL BULLETIN COVID-19 #165: Update to Approved Vaccines Covered by NC Medicaid](#)

[SPECIAL BULLETIN COVID-19 #168: Vaccination Counseling Code Reimbursement](#)

[SPECIAL BULLETIN COVID-19 #169: Temporary Provider Rate Increases and Clinical Policy Changes Extended](#)

[SPECIAL BULLETIN COVID-19 #170: Update on Vaccination Counseling Code Reimbursement](#)

[SPECIAL BULLETIN COVID-19 #171: COVID-19 Rate Increases Under NC Medicaid Managed Care](#)

[SPECIAL BULLETIN COVID-19 #174: Temporary Provider Rate Increases and Clinical Policy Changes Extended](#)

[SPECIAL BULLETIN COVID-19 #176: Third COVID-19 Vaccine Available](#)

[SPECIAL BULLETIN COVID-19 #179: Temporary Provider Rate Increases and Clinical Policy Changes Extended](#)

[SPECIAL BULLETIN COVID-19 #184: Update on Vaccination Counseling Code Reimbursement](#)

[SPECIAL BULLETIN COVID-19 #186: Booster Dose of Pfizer-BioNTech COVID-19 Vaccine](#)

[SPECIAL BULLETIN COVID-19 #192: Vaccination Outreach Code Reimbursement](#)

## **Medicare**

[Medicare COVID-19 Vaccine Shot Payment](#)

[Medicare Billing COVID-19 Vaccine Shot Administration](#)

## **HRSA Portal**

[HRSA COVID-19 Claims Reimbursement Portal](#)